2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002436

Address:

City-St-Zip: MALVERN, PA 19355

5 GREAT VALLEY PARKWAY, SUITE 333

Entity Name: CLEARSHOT MANAGEMENT, LLC

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	VALLEY PARI I, PA 19355	KWAY, SUITE 333		
Current Mailing Address:			New Mailing Address:	
	VALLEY PARI I, PA 19355	KWAY, SUITE 333		
FEI Number	: 23-2942897	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent				
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323 named entity		ourpose of changing its register	ed office or registered agent, or both
	e of Florida.			
SIGNATU				D :
	Electro	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	LEE, DAVID Û) Delete LEY PARKWAY, SUITE 333 19355	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	LEE, DAVID U) Delete LEY PARKWAY, SUITE 333 19355	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DOLAN, BROO	LEY PARKWAY, SUITE 333	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	CEO (DOLAN, BROO) Delete DKE	Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: DAVID U LEE 03/17/2009